



STEP 1 —
ANTERIOR VAGINAL
WALL INCISIONS

- Inject local anesthetic/ vasoactive solution such as lidocaine with epinephrine
- Perform a small midline incision on anterior wall starting from bladder neck



STEP 4 —
LOADING THE ANTERIOR
FIXATION TIPS

- Load fixation tip of the mesh onto anterior needle such that the tip is inserted through the open slot



STEP 7 —
LOADING THE APICAL FIXATION TIPS
AND SHEATH

- Insert needle into self-fixating tip
NOTE: This self-fixating tip mates to needle tip such that the tines are always in a vertical orientation
- Insert loaded needle into curved plastic sheath through end with the cutout feature
- Slide sheath down the needle until a click is heard
- Verify sheath is secure and needle tip does not protrude from distal end of sheath



STEP 2 —
ANTERIOR WALL DISSECTION

- Dissect underneath the pubo-cervical fascia utilizing full-thickness dissection technique up to the level of the apex
- Utilize blunt dissection to maintain dissection in same plane
- Dissect toward ischial spine and palpate with index finger bilaterally



STEP 5 —
INSERTING THE ANTERIOR FIXATION TIPS

- Aim needle tip towards obturator foramen while holding the needle curve against the index finger
- Advance fixation element tip until obturator internus muscle is penetrated and mesh center is aligned with vaginal incision
- Needle/fixation tip should be tracked along posterior surface of ischiopubic ramus
- Perform technique for both patient right and left sides
- Affix center of the mesh to bladder neck with sutures



STEP 8 —
POSITIONING APICAL NEEDLE

- Locate sacrospinous ligament by palpation
- While keeping palpating finger on ligament, guide tip of loaded needle and sheath alongside and lateral to the finger towards sacrospinous ligament
- For patient left, hold needle in the 5 o'clock and for patient right, hold needle in the 7 o'clock position



STEP 3 —
CLEARING THE
SACROSPINOUS LIGAMENT

- Sweep medially approximately 2 cm from ischial spine along the sacrospinous ligament
- Perform technique for both patient right and left sides



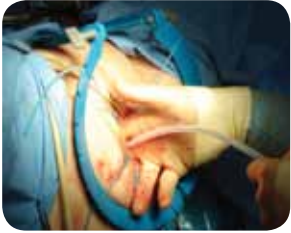
STEP 6 —
MESH TRIMMING AND SUTURE PLACEMENT

- Trim apical graft to desired length
- Place sutures at the apex, temporarily leaving suture ends on the patient's abdomen for later attachment to the graft
- Typically 2 or more sutures should be used at the apex
- A delayed absorbable suture may be used



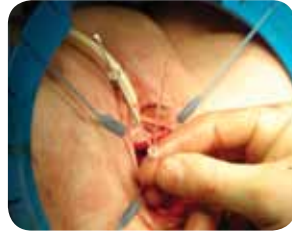
STEP 9 —
INSERTING THE SELF FIXATION TIPS

- Place tip of the sheath at the base of the palpating finger such that it is perpendicular and on the caudal side of the sacrospinous ligament 2 cm from ischial spine
- Press release mechanism on handle with index finger. While keeping releaser pressed, drive needle and self-fixating tip into ligament
- Do not drive needle and self-fixating tip into ligament when release mechanism is not activated



**STEP 10 —
REMOVING SHEATH AND NEEDLE**

- Remove needle and sheath from area of implantation by pulling back gently on the needle until it disengages from self-fixating tip
- Pull gently on fixation arm to ensure that fixation has taken place
- For patient left, repeat steps 7-10 switching to opposite side for all directional instructions



**STEP 13 —
DEPLOYING THE LOCKING EYELET**

- Once adjustment of graft is final, attach female end of eyelet applicator into end of either fixating arm
- Slide one locking eyelet onto fixating arm at least 2 cm and disengage applicator
- Repeat load of locking eyelet on other fixating arm



**STEP 15 —
TRIM FIXATING ARMS**

- Trim fixating arms to a length of at least 1 cm extending past the locking eyelet
- Verify that discarded rod arm contains mesh on end. If not, reach for and trim remaining stem while maintaining required length of mesh



**STEP 11 —
SLIDING GRAFT OVER APICAL ARMS**

- Locate loose eyelets on graft and slide each over the fixating arms exiting from introitus through top side of the graft
- Feed previously placed suture(s) through the graft and tie in place
- Tie already placed suture(s) so that the graft is attached to the vaginal apex once final adjustment is obtained



**STEP 14 —
FINAL TENSIONING**

- Proceed to slide locking eyelet down fixating arm into cavity while maintaining medial positioning within introitus
 - Continue pushing locking eyelet down fixating arm until it reaches the graft
 - Palpate to verify locking eyelet rests against surface of graft. If not, readjust with adjustment tool
- NOTE:** Locking eyelet cannot be reversed once its teeth come into contact with proximal mesh of the fixating arm



**STEP 16 —
ANTERIOR WALL MANAGEMENT**

- Minimize trimming of excess vaginal mucosa
- Close vaginal incision with your choice of suture
- Insert vaginal packing



**STEP 12 —
POSITION AND ADJUST GRAFT**

- Proceed by inserting end of either fixating arm through tip of the adjustment tool
- Hold fixating arm medially within introitus and slide tool down fixating arm toward graft pushing into the pelvic cavity
- Slide down graft in short increments on each patient side until desired position is obtained
- To loosen the graft, grab the center mesh and pull towards introitus



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